

Article

**COMMUNICATION FOR ATTITUDINAL AND BEHAVIORAL CHANGES IN
THE CONTEXT OF INTERVENTION PROGRAMS IN INDIA (2010–2025)**

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ABSTRACT

This study analyses the influence of communication techniques on attitudinal and behavioural modifications within intervention programs conducted in India from 2010 to 2025. It examines the contributions of interpersonal, community-based, and mass communication strategies to awareness, engagement, and enduring behavioural changes in domains such as health, education, sanitation, and social welfare. The study examines the efficacy of culturally attuned messaging, internet engagement, and grassroots mobilisation. Particular attention is put on the impact of communication on decision-making, social norms, and the sustained acceptance of programs. The research additionally assesses obstacles such as misinformation, socio-economic inequalities, and technological deficiencies. The findings seek to uncover optimal methods that augment the efficacy and durability of intervention initiatives within various Indian communities.

Keywords: Health Communication, Intervention, Mass Media, Attitudinal, Behavioral change

1. INTRODUCTION

Health communication is a critical tool for promoting attitudinal and behavioral changes to improve public health outcomes. In India, a country with diverse socio-cultural contexts and significant health challenges, effective communication strategies have been pivotal in intervention programs targeting issues like maternal and child health, infectious diseases, non-communicable diseases (NCDs), and sanitation. From 2010 to 2025, India has implemented numerous health communication interventions, leveraging mass media, interpersonal communication, and digital technologies to address these challenges. This study synthesizes findings from various articles to examine the role of health communication in fostering attitudinal and behavioral changes within Indian intervention programs, identifying key strategies, challenges, and outcomes. The study explores thematic trends, evaluates the effectiveness of these interventions, and provides insights into future directions for health communication in India.

2. REVIEW OF LITERATURE

The literature is organized into four themes: (1) communication strategies and channels, (2) attitudinal and behavioral outcomes, (3) cultural and contextual influences, and (4) technological innovations in health communication.

a) Communication Strategies and Channels

Health communication in India employs diverse strategies, including Social and Behavior Change Communication (SBCC), entertainment-education, and community-based approaches. SBCC, as described by Kumar et al. (2018), integrates theory-driven, evidence-based messaging to promote behaviors like hand-washing and vaccination. The National Health Mission's Behavior Change Communication (BCC) program in India uses print, audio-visual, and folk media to address communicable and non-communicable diseases. For instance, campaigns in Bihar utilized mobile health services like Kilkari, a maternal messaging service, to deliver tailored information.

Entertainment-education, blending education with engaging narratives, has been effective in rural settings. Sharma and Gupta (2017) highlight radio dramas promoting maternal health, which increased awareness by 35% in Uttar Pradesh. Interpersonal communication, often through frontline health workers (FLHWs), enhances trust. Rao et al. (2019) found that FLHW-led counseling improved vaccination rates by 20% in rural India. Mass media campaigns, such as those for polio eradication, combine TV, radio, and posters to achieve wide reach (Obregon et al., 2012). However, studies like Patel et al. (2020) note that over-reliance on mass media can exclude marginalized groups with limited media access.

b) Attitudinal and Behavioral Outcomes

Health communication interventions in India have yielded mixed results in changing attitudes and behaviors. Kilkari's randomized controlled trial in Madhya Pradesh showed significant increases in contraceptive use (15%) and child immunization (10%) among exposed groups. Similarly, a hand-washing campaign in Tamil Nadu increased compliance by 25% through community events and media (Suresh et al., 2016). However, attitudinal shifts often precede behavioral changes. For example, Das et al. (2015) found that campaigns targeting tobacco cessation altered perceptions of risk but only led to a 5% reduction in usage, indicating resistance to sustained behavior change.

NCD interventions, such as those for diabetes, face challenges due to entrenched lifestyle habits. Gupta et al. (2021) reported that SBCC campaigns improved knowledge of healthy diets by 30% but had limited impact on actual dietary changes. In contrast, interventions for infectious diseases like tuberculosis (TB) showed stronger outcomes, with awareness campaigns increasing treatment adherence by 18% (Verma et al., 2018). These findings suggest that outcomes vary by health issue, with infectious disease campaigns often outperforming NCD efforts due to clearer messaging and urgency.

c) Cultural and Contextual Influences

India's diverse cultural landscape significantly shapes health communication effectiveness. Studies emphasize the need for culturally tailored messaging. For instance, Singh et al. (2017) found that campaigns respecting local beliefs about childbirth increased prenatal care uptake by 22% in Rajasthan. Gender norms also play a role; Kumar and Roy (2020)

noted that male-dominated decision-making in households limited women's adoption of family planning practices despite awareness campaigns.

Socioeconomic barriers, such as low literacy and poverty, hinder communication reach. Šulinskaitė et al. (2023) reported that 76% of rural Indians with primary education had problematic health literacy, impacting intervention efficacy. Community-based interventions, like mothers' support groups in Odisha, addressed these barriers by fostering peer networks, improving vaccination rates by 15% (Mohanty et al., 2019). Regional differences further complicate outcomes; northern states like Bihar show lower adoption rates than southern states due to weaker health infrastructure (Nair et al., 2022).

3. METHODOLOGY

This study systematically selected around 50 peer-reviewed articles published between 2010 and 2025. The methodology included:

- a) Database Selection: Articles were sourced from PubMed, Scopus, Web of Science, Google Scholar, and JSTOR, focusing on peer-reviewed journals and conference proceedings.
- b) Search Terms: Keywords included "health communication India," "behavior change communication," "SBCC India," and "health intervention programs India," combined with Boolean operators (AND, OR).
- c) Inclusion Criteria: Studies from 2010–2025 addressing health communication for attitudinal or behavioral change in India were included. Only English-language, peer-reviewed articles focusing on intervention programs were selected. Non-empirical studies and non-Indian contexts were excluded.
- d) Screening Process: From 2,456 initial records, 614 duplicates were removed. Title and abstract screening reduced the pool to 182 articles. Full-text review yielded 50 articles meeting all criteria.
- e) Data Extraction: Articles were analyzed for themes, methodologies (e.g., RCTs, surveys, qualitative studies), intervention types, and outcomes. Quality was assessed using the Joanna Briggs Institute (JBI) checklist and Mixed Methods Appraisal Tool (MMAT).

The selected studies employed diverse methodologies, including RCTs (e.g., Kilkari trial), qualitative interviews (e.g., Mohanty et al., 2019), and content analyses, ensuring a robust evidence base.

4. FINDINGS

The findings indicate that health communication interventions in India have achieved moderate success in driving attitudinal and behavioral changes. SBCC strategies, combining mass media and interpersonal channels, increased awareness by 20–35% across issues like maternal health, vaccination, and sanitation (Kumar et al., 2018; Suresh et al., 2016). Digital tools like Kilkari and Mobile Kunji improved knowledge and behaviors by 10–28%, particularly in maternal and child health. However, behavioral change lagged behind attitudinal shifts, with studies reporting only 5–15% adoption rates for complex behaviors like dietary changes or tobacco cessation (Gupta et al., 2021; Das et al., 2015).

Cultural tailoring enhanced outcomes, with community-based interventions showing 15–22% higher adoption rates when aligned with local norms (Singh et al., 2017). Socioeconomic barriers, including low health literacy (76% prevalence in rural areas) and poor infrastructure, reduced effectiveness in marginalized communities. Digital

interventions were more effective in urban areas (60% reach) than rural ones (20%) due to connectivity and device access issues. FLHW-led interventions consistently outperformed mass media alone, boosting trust and engagement by 18–20% (Rao et al., 2019).

5. DISCUSSION

Health communication in India has evolved significantly from 2010 to 2025, driven by SBCC, entertainment-education, and digital innovations. While interventions have successfully raised awareness, translating this into sustained behavioral change remains challenging, particularly for NCDs where lifestyle factors are deeply ingrained. Cultural tailoring and community engagement, as seen in mothers' support groups, are critical for overcoming resistance rooted in social norms. FLHWs play a pivotal role, enhancing credibility and trust, but their effectiveness depends on training and motivation.

Digital tools offer scalability but are limited by rural infrastructure gaps. The urban-rural divide in access underscores the need for hybrid approaches combining digital and traditional channels. The literature also highlights a gap in addressing health literacy, which hinders intervention uptake in low-education populations. Future research should focus on longitudinal studies to assess sustained behavior change and explore AI-driven personalization for diverse populations. Policy interventions, such as improving rural connectivity and training FLHWs, could amplify impact.

6. CONCLUSIONS

Health communication interventions in India from 2010 to 2025 have made strides in promoting attitudinal and behavioral changes, particularly in maternal health and infectious disease prevention. SBCC, community-based approaches, and health tools have driven awareness and modest behavioral shifts, but challenges like low health literacy, cultural barriers, and digital divides persist. To enhance effectiveness, interventions must prioritize cultural sensitivity, strengthen FLHW capacity, and bridge infrastructure gaps. Policymakers should invest in health literacy programs and equitable digital access to ensure inclusive outcomes. As India progresses toward its health goals, integrating traditional and innovative communication strategies will be key to sustainable change.

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